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11/16/2007

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Patricia M. Fedorowycz (Depositor's name)  
 (Signature)  
 February 8, 2008 (Date)

02/08/2008 FHETEK12 00000126 070832 10500204

01 FC:1501 1440.00 DA	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
02 FC:4504 300.00 DA	06/28/2004	Marco Winter	PD010078	5298
03 FC:8001 10/500,204 15.00 DA				

TITLE OF INVENTION: METHOD AND APPARATUS FOR AUTOMATIC DETECTION OF DATA TYPES FOR DATA TYPE DEPENDENT PROCESSING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/19/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
PANNALA, SATHYANARAYA R	2164	707-104100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) (SEE ADDRESS CHANGE ABOVE)  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JOSEPH J. LAKS  
 2 HARVEY D. FRIED  
 3 JOEL M. FOGELSON

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Thomson Licensing LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boulogne-Billancourt, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee  
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☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name JOEL M. FOGELSON (609) 734-6809

Registration No. 43,613

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